

FILED

AUG 13 2008

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
OAKLAND

CASE# CV-08-3619-SBA

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

REGINALD LEWIS

Plaintiff,

vs.

CALIFORNIA DEPT.
OF CORRECTIONS

Defendant.

CASE NO. CV-08-3619-SBA

**PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS**

I, REGINALD LEWIS, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ☐ No ☒

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: _____ Net: _____

Employer: _____

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 TEK SYSTEMS

5
 6
 7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

- 9 a. Business, Profession or Yes ___ No ☒
 10 self employment
- 11 b. Income from stocks, bonds, Yes ___ No ☒
 12 or royalties?
- 13 c. Rent payments? Yes ___ No ☒
- 14 d. Pensions, annuities, or Yes ___ No ☒
 15 life insurance payments?
- 16 e. Federal or State welfare payments, Yes ___ No ☒
 17 Social Security or other govern-
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 N/A

22
 23 3. Are you married? Yes ___ No ☒

24 Spouse's Full Name: _____

25 Spouse's Place of Employment: _____

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ _____ Net \$ _____

28 4. a. List amount you contribute to your spouse's support: \$ _____

1 b. List the persons other than your spouse who are dependent upon you for
 2 support and indicate how much you contribute toward their support. (NOTE:
 3 For minor children, list only their initials and ages. DO NOT INCLUDE
 4 THEIR NAMES.).

5 _____
 6 _____
 7 5. Do you own or are you buying a home? Yes ____ No ☒
 8 Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

9 6. Do you own an automobile? Yes ____ No ☒
 10 Make _____ Year _____ Model _____

11 Is it financed? Yes ____ No ____ If so, Total due: \$ _____
 12 Monthly Payment: \$ _____

13 7. Do you have a bank account? Yes ____ No ☒ (Do not include account numbers.)
 14 Name(s) and address(es) of bank: _____

15 _____
 16 Present balance(s): \$ _____

17 Do you own any cash? Yes ____ No ☒ Amount: \$ _____

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated
 19 market value.) Yes ____ No ☒

20 _____
 21 8. What are your monthly expenses?

22 Rent: \$ _____ Utilities: _____

23 Food: \$ _____ Clothing: _____

24 Charge Accounts:

25 <u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Acct.</u>
26 _____	\$ _____	\$ _____
27 _____	\$ _____	\$ _____
28 _____	\$ _____	\$ _____

1 9. Do you have any other debts? (List current obligations, indicating amounts and to
2 whom they are payable. Do not include account numbers.)

3 NO
4

5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes No ✓

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.
9
10

11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.

15 7/31/08
16

17 DATE

Ryland Lewis
18

19 SIGNATURE OF APPLICANT
20
21
22
23
24
25
26
27
28

EMERGENCY APPEAL**COPY****INMATE/PAROLEE****APPEAL FORM**

CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. _____

1. _____

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
REGINALD LEWIS	P95159	NONE	

A. Describe Problem: PLAINTIFF, LEWIS, SHOULD HAVE BEEN RELEASED ALREADY. THE DOCTOR AT SAN QUENTIN HAS REFERRED HIM FOR IMMEDIATE RELEASE. PLAINTIFF IS WEARING A HEART MONITOR, WHICH REQUIRES A TELEPHONE TO TRANSMIT HIS HEART ACTIVITY DATA TO THE MAIN HEADQUARTERS. PLAINTIFF IS IN IMMINENT DANGER OF A STROKE OR HEART ATTACK AND SAN QUENTIN CANNOT PROVIDE THE TREATMENT NEEDED.

If you need more space, attach one additional sheet.

B. Action Requested: PLEASE CONTACT THE MEDICAL DEPT. TO CONFIRM AN IMMEDIATE RELEASE FOR THE PATIENT SO THAT HE MAY BE TREATED BY HIS REGULAR DOCTOR OR HEART SPECIALIST. THE FIRST HEART MONITOR WAS DEFECTIVE.

Inmate/Parolee Signature: _____

Date Submitted: 8-1-08

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____

Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed

CDC Appeal Number:

Board of Control form BC-1E, Inmate Claim

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COPY

First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: _____ Due Date: _____

Interviewed by: _____

Staff Signature: _____ Title: _____ Date Completed: _____

Division Head Approved: _____ Returned _____

Signature: _____ Title: _____ Date to Inmate: _____

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____ Due Date: _____

☐ See Attached Letter

Signature: _____ Date Completed: _____

Warden/Superintendent Signature: _____ Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

☐ See Attached Letter

Date: _____

Inmate Request for Interview

JUL 29 2008

To: TRUST OFFICE Date: 7-26-08
From: LEWIS 19200 1D040 UP
(Last Name) (Number) (Housing) (Bed Number)

Work Assignment _____ Job Hours _____ to _____

Other Assignment _____ From _____ to _____
(School, therapy, etc.)

Kindly explain in detail your reason for requesting this interview. You will be called in for interview in the near future if the matter cannot be handled by correspondence. Unless your problem is stated clearly, this form will be returned.

PLEASE SEND ME MY 6-MONTH
CERTIFICATE ALONG WITH COMPLETION
OF THE ENCLOSED FORM THANK YOU

(Do NOT write below this line. If more space is required, write on back.)

Interviewed By: L. Kuhn Date: 7-31-08

Disposition: YOUR REQUEST WAS GRANTED AND A 6 MOS. CERT. WAS SENT TO YOUR

COUNSELOR [COUNSELOR IS REFUSING TO GIVE PLAINTIFF
HIS 6-MONTH CERTIFICATE OF FUNDS R.Y.]

DEAR CLERK,

I WOULD LIKE TO INCLUDE
A JURY DEMAND FOR THIS CASE.

THANK YOU
Rylee Levi

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



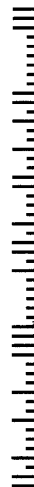
REGINALD LEWIS P95759
SAN QUENTIN STATE PRISON
SAN QUENTIN, CA 94964

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 12615 WASHINGTON DC

POSTAGE WILL BE PAID BY UNITED STATES COURTS

US DISTRICT COURT
450 GOLDEN GATE AVE
PO BOX 36060
SAN FRANCISCO CA 94102-9680



DE
APR 11 11
SBA
DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA